Patient Vaping History Survey



☐ Vaporizer (for dry herbs, etc.)

settings/voltage)

 \square Other (specify:

 \square Mod device (e.g., with modifiable

Background Information

| Any information you provide on this form may help us identify what is making people sick. If you would lil | ke |
|--|----|
| help filling out this form, please ask a staff member. Thank you! | |

| - | information you prov filling out this form, p | | | | | eop | ie sick. It you would like | |
|---|--|---------------------------------------|---|--|---|-----------------------|--|--|
| Name | | | | Date of Birth | | | | |
| Race: White | | | □ Asian | | | Ethnicity: Hispanic | | |
| | ☐ Black or African Ame | erican 🗆 | ☐ Native Hawaiian or Other Pacific Islander | | | □ Non-Hispanic | | |
| | ☐ American Indian or A | Alaska Native 🛛 | Othe | r | | | | |
| In th | ne past 3 months, have yo | ou | | | | | | |
| | smoked any cigarettes (| not an e-cig)? | | | | □ Y | es □ No | |
| smoked any marijuana (e.g., joints/bong)? | | | | | | | es □ No | |
| | vaped any products that | t contain nicotine? |) | | | ПΥ | 'es □ No | |
| vaped/dabbed any products that contain THC? | | | | | | □ Ү | 'es □ No | |
| Did you share any vaping products with someone who also got sick? | | | | | | □Y | | |
| | you part of the Hawaii M | | | _ | | □ Y | | |
| | en did you first start vapir | | | | | | | |
| | you aware of the current | • | • | | ? | □ Y | es □ No | |
| If yes, did you change how you use e-cigarettes/vaping devices? | | | | | | | 'es □ No | |
| | 16 1 2 | , | | - | | | | |
| /ani | | otion | | | | | | |
| | ng Product Inform | | | | | | | |
| Pleas | se tell us about each p | product you hav | ve va | ped/dabbed in | the past 3 months: | | | |
| | Please provide details about each product | In what form did | - | How many times a day did you use this product? | Where did you usually get this product? | , | What kind of device did you usually use with this product? | |
| | ☐ Contains THC ☐ CBD | ☐ Pre-filled | | □ <1 x per day | ☐ Friend | | ☐ Disposable e-cig | |
| | ☐ Nicotine ☐ Other | cartridge/pod | | ☐ 1-2 x per day | ☐ Street | | \square E-cig for prefilled carts/pods | |
| | (Specify:) | ☐ Liquid/oil not in pi filled cart | re- | ☐ 3-5 x per day | ☐ Gas station | | ☐ E-cig with a tank that you refill with | |
| 1 | Brand name: | ☐ Solid/wax | | □ >5 x per day □ Not sure | ☐ Vape shop ☐ Dealer | | liquid ☐ Dab rig / Dab pen | |
| luct | | ☐ Leaf/flower | | - Not suite | ☐ School | | ☐ Vaporizer (for dry herbs, etc.) | |
| Product 1 | Date first used: | ☐ Other (Specify: | , | If >5 x per day, how | ☐ Medical dispensary (HI) | | \square Mod device (e.g., with modifiable | |
| _ | Date last used: | |) | many times per day? | ☐ Dispensary (other state) | | | |
| | | Can public health ge | et | | ☐ Other (specify: | | ☐ Other (specify: | |
| | | this product for test | ing? | | | | | |
| | ☐ Contains THC ☐ CBD | ☐ Yes ☐ No ☐ Pre-filled | | □ <1 v nor dov | ☐ Friend | | □ Disposable a sig | |
| | ☐ Nicotine ☐ Other | cartridge/pod | | □ <1 x per day □ 1-2 x per day | ☐ Street | | ☐ Disposable e-cig ☐ E-cig for prefilled carts/pods | |
| | (Specify:) | ☐ Liquid/oil not in pr | re- | ☐ 3-5 x per day | ☐ Gas station | | ☐ E-cig with a tank that you refill with | |
| | | filled cart | | □ >5 x per day | ☐ Vape shop | | liquid | |
| 7 | Brand name: | ☐ Solid/wax | | ☐ Not sure | ☐ Dealer | | ☐ Dab rig / Dab pen | |

If you used more than two products, please list them on the next page

If >5 x per day, how

many times per

day?

☐ School

☐ Medical dispensary (HI)

☐ Dispensary (other state)

☐ Other (specify:

Additional Information

Date first used:

Date last used:

☐ Leaf/flower

☐ Yes ☐ No

 \square Other (Specify:

Can public health get this product for testing?

| Can the Hawaii Departn | ☐ Yes | □ No | | |
|------------------------|---------------|----------------|--|--|
| Contact information: | Phone number: | Email address: | | |

Additional Products (if you used more than two products)

| | Please provide details about each product | In what form did you use this product? | How many times a day did you use this product? | Where did you usually get this product? | What kind of device did you usually use with this product? |
|-----------|--|---|--|--|---|
| Product 3 | ☐ Contains THC ☐ CBD ☐ Nicotine ☐ Other (Specify:) | ☐ Pre-filled cartridge/pod ☐ Liquid/oil not in pre- | ☐ <1 x per day ☐ 1-2 x per day ☐ 3-5 x per day | ☐ Friend ☐ Street ☐ Gas station | ☐ Disposable e-cig☐ E-cig for prefilled carts/pods☐ E-cig with a tank that you refill with |
| | Brand name: Date first used: | filled cart Solid/wax Leaf/flower Other (Specify: | ☐ >5 x per day ☐ Not sure If >5 x per day, how | ☐ Vape shop ☐ Dealer ☐ School ☐ Medical dispensary (HI) | liquid □ Dab rig / Dab pen □ Vaporizer (for dry herbs, etc.) □ Mod device (e.g., with modifiable |
| | Date last used: | Can public health get this product for testing? | many times per day? | ☐ Dispensary (other state) ☐ Other (specify:) | settings/voltage) ☐ Other (specify:) |
| Product 4 | ☐ Contains THC ☐ CBD ☐ Nicotine ☐ Other (Specify:) Brand name: Date first used: Date last used: | ☐ Pre-filled cartridge/pod ☐ Liquid/oil not in pre- filled cart ☐ Solid/wax ☐ Leaf/flower ☐ Other (Specify: | ☐ <1 x per day ☐ 1-2 x per day ☐ 3-5 x per day ☐ >5 x per day ☐ Not sure If >5 x per day, how many times per day? | ☐ Friend ☐ Street ☐ Gas station ☐ Vape shop ☐ Dealer ☐ School ☐ Medical dispensary (HI) ☐ Dispensary (other state) ☐ Other (specify: | ☐ Disposable e-cig ☐ E-cig for prefilled carts/pods ☐ E-cig with a tank that you refill with liquid ☐ Dab rig / Dab pen ☐ Vaporizer (for dry herbs, etc.) ☐ Mod device (e.g., with modifiable settings/voltage) ☐ Other (specify: |
| | | Can public health get this product for testing? | |) |) |
| t 5 | ☐ Contains THC ☐ CBD ☐ Nicotine ☐ Other (Specify:) Brand name: | ☐ Pre-filled cartridge/pod ☐ Liquid/oil not in pre- filled cart ☐ Solid/wax | ☐ <1 x per day ☐ 1-2 x per day ☐ 3-5 x per day ☐ >5 x per day ☐ Not sure | ☐ Friend ☐ Street ☐ Gas station ☐ Vape shop ☐ Dealer | ☐ Disposable e-cig ☐ E-cig for prefilled carts/pods ☐ E-cig with a tank that you refill with liquid ☐ Dab rig / Dab pen |
| Product 5 | Date first used: Date last used: | ☐ Leaf/flower ☐ Other (Specify: ☐ Other (Specify: ☐ Other (Specify: ☐ Other (Specify: ☐ Yes ☐ No | If >5 x per day, how many times per day? | ☐ School ☐ Medical dispensary (HI) ☐ Dispensary (other state) ☐ Other (specify:) | ☐ Vaporizer (for dry herbs, etc.) ☐ Mod device (e.g., with modifiable settings/voltage) ☐ Other (specify:) |
| Product 6 | ☐ Contains THC ☐ CBD ☐ Nicotine ☐ Other (Specify:) Brand name: Date first used: | ☐ Pre-filled cartridge/pod ☐ Liquid/oil not in pre- filled cart ☐ Solid/wax ☐ Leaf/flower ☐ Other (Specify: | ☐ <1 x per day ☐ 1-2 x per day ☐ 3-5 x per day ☐ >5 x per day ☐ Not sure If >5 x per day, how many times per | ☐ Friend ☐ Street ☐ Gas station ☐ Vape shop ☐ Dealer ☐ School ☐ Medical dispensary (HI) ☐ Dispensary (other state) | ☐ Disposable e-cig ☐ E-cig for prefilled carts/pods ☐ E-cig with a tank that you refill with liquid ☐ Dab rig / Dab pen ☐ Vaporizer (for dry herbs, etc.) ☐ Mod device (e.g., with modifiable settings/voltage) |
| | Date last used: | Can public health get this product for testing? | day? | ☐ Other (specify:) | ☐ Other (specify:) |
| , | ☐ Contains THC ☐ CBD ☐ Nicotine ☐ Other (Specify:) Brand name: | ☐ Pre-filled cartridge/pod ☐ Liquid/oil not in pre- filled cart ☐ Solid/wax | ☐ <1 x per day ☐ 1-2 x per day ☐ 3-5 x per day ☐ >5 x per day ☐ Not sure | ☐ Friend ☐ Street ☐ Gas station ☐ Vape shop ☐ Dealer | ☐ Disposable e-cig ☐ E-cig for prefilled carts/pods ☐ E-cig with a tank that you refill with liquid ☐ Dab rig / Dab pen |
| Product 7 | Date first used: | ☐ Leaf/flower ☐ Other (Specify: | If >5 x per day, how many times per day? | ☐ School ☐ Medical dispensary (HI) ☐ Dispensary (other state) | ☐ Vaporizer (for dry herbs, etc.) ☐ Mod device (e.g., with modifiable settings/voltage) |
| | | Can public health get this product for testing? ☐ Yes ☐ No | | Other (specify: | ☐ Other (specify:) |